

**IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

TOMMIE J. NUNN, JR.,)
 SHANETTE CALDWELL,)
 DESIREE CALDWELL, and)
 ANSHAY CALDWELL)

Plaintiffs)

V.)

UNITED STATES OF AMERICA,)

Defendants)

COMPLAINT

NOW COMES the Plaintiffs, TOMMIE J. NUNN, JR., SHANETTE CALDWELL, DESIREE CALDWELL, and ANSHAY CALDWELL, by and through their attorney in this regard, Thomas M. Paris, and for their Complaint against the UNITED STATES OF AMERICA, states as follows:

1. This tort claim is brought pursuant to the Federal Tort Claims Act and arising out of an occurrence on March 13, 2019.

JURISDICTION

2. The court has jurisdiction under 28 U.S.C. Section 1346(b).

PARTIES

3. TOMMIE J. NUNN, JR. is an individual, and was at all times relevant, a citizen of Cook County and a resident of the Northern District of Illinois.

4. SHANETTE CALDWELL is an individual, and was at all times relevant, a citizen of Cook County and a resident of the Northern District of Illinois.

5. DESIREE CALDWELL is an individual, and was at all times relevant, a citizen of Cook County and a resident of the Northern District of Illinois.

6. ANSHAY CALDWELL is an individual, and was at all times relevant, a citizen of Cook County and a resident of the Northern District of Illinois.

7. The Defendant runs the UNITED STATES POSTAL SERVICE and employs Diamond T. Jones.

8. Diamond T. Jones, is a resident of the Northern District of Illinois and was a duly authorized agent of the Defendant, UNITED STATES OF AMERICA, through the UNITED STATES POSTAL SERVICE.

9. This complaint is brought pursuant to the Federal Tort Claim Act (FTCA) 28 USC §2671, et. seq. Venue is proper in this jurisdiction because the acts complained of occurred in this jurisdiction.

10. A standard Form 95 was filed by the Plaintiffs raising the claims set forth herein. A response has been received from the UNITED STATES POSTAL SERVICE rejecting each Plaintiff's claim. Attached hereto as Group Exhibit A are the claims of Plaintiffs, TOMMIE NUNN, SHANETTE CALDWELL, DESIREE CALDWELL and ANSHAY CALDWELL.

11. On, before, and subsequent to March 13, 2019, Abbott was a public highway running east and west through Cook County, Illinois with lanes of traffic moving east and westbound.

12. On or about March 13, 2019, the UNITED STATES OF AMERICA, operated a postal vehicle through its employee, JONES, which was facing eastbound and parked on Abbott approximately at or around Barrington Court.

13. On or about March 13, 2019, Plaintiff, TOMMIE J. NUNN, JR. was the driver of a vehicle proceeding eastbound on Abbott, approximately at or around Barrington Court.

14. On or about March 13, 2019, JONES, while in the employ of USPS, was delivering mail on the right side of the street at a mailbox. As Plaintiff's vehicle was next to Jones' vehicle, Jones pulled away from the mailbox to her left, and into the Plaintiffs' vehicle, pushing it to its left upon impact.

15. On or about March 13, 2019, Defendant, JONES while in the employ of USPS, was negligent in one or more of the following ways:

- a. Operated her motor vehicle without keeping a proper lookout;
- b. Failed to stop her vehicle when danger was imminent;
- c. Failed to keep a proper lookout;
- d. Failed to keep a vehicle under proper control; and
- e. Failed to give audible warning with her horn when such warning was reasonably necessary to insure safety, in violation of 625 ILCS 6/12-601.

16. As a result of the facts set forth in this Complaint at Law, JONES while in the employ of USPS, owed a duty to each Plaintiff to act with reasonable care. This duty was breached by Defendant, JONES while in the employ of USPS, which breach proximately caused the Plaintiffs' injuries.

17. As a proximate result of one or more of the aforesaid negligent acts and/or omissions of the United States of America's employee, Plaintiffs, TOMMIE J. NUNN, JR., SHANETTE CALDWELL, DESIREE CALDWELL and ANSHAY CALDWELL, sustained injuries of a personal and pecuniary nature.

WHEREFORE, Plaintiffs, TOMMIE J. NUNN, JR., SHANETTE CALDWELL, DESIREE CALDWELL and ANSHAY CALDWELL demands judgment against the Defendant, UNITED STATES OF AMERICA, in the sum of \$10,000.00 each.

Respectfully Submitted,
s/ Thomas M. Paris
Thomas M. Paris
Attorney for Plaintiffs

Thomas M. Paris
55 W. Monroe, Suite 3330
Chicago, IL 60603
312-759-1600
tp@tomparislaw.com
ARDC #6209691

CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency: United States Postal Service			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code. Tommie Nunn Jr., 2 Hawthorne Avenue, Park Forest, IL 60466		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH 10/27/1998	5. MARITAL STATUS Single	6. DATE AND DAY OF ACCIDENT 3/13/2019	
7. TIME (A.M. OR P.M.) 1:02 pm					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary). On 3/13/2019 around approximately 1:02 pm in University Park, Will County, Illinois, Tommie Nunn Jr. was driving his 2011 Jeep Compass with passengers; Shanette Caldwell Desiree Caldwell and Anshay Caldwell in the car. Nunn, Jr. was driving eastbound on Abbot near Barrington Ct. when he was involved in a motor vehicle accident with Diamond T. Jones who was presently acting in the scope of her employment, working in her capacity as a US postal office delivery worker for the Park Forest, IL USPS Department. Jones was then currently driving her US post office workers vehicle.					
9. PROPERTY DAMAGE					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).					
10. PERSONAL INJURY/WRONGFUL DEATH					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT. Soft tissue injuries, see medical records for further info					
11. WITNESSES					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Anshay Caldwell		2 Hawthorne Avenue, Park Forest, IL 60466			
Desiree Caldwell		2 Hawthorne Avenue, Park Forest, IL 60466			
Shanette Caldwell		2 Hawthorne Avenue, Park Forest, IL 60466			
12. (See instructions on reverse). AMOUNT OF CLAIM (In dollars)					
12a. PROPERTY DAMAGE		12b. PERSONAL INJURY \$10,000		12c. WRONGFUL DEATH	
				12d. TOTAL (Failure to specify may cause forfeiture of your rights). \$10,000	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). <i>Tommie Nunn Jr.</i>			13b. PHONE NUMBER OF PERSON SIGNING FORM 708-275-9703		14. DATE OF SIGNATURE 9/10/19
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS		
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		



INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☒ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☒ No

17. If deductible, state amount

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

PRIVACY ACT NOTICE

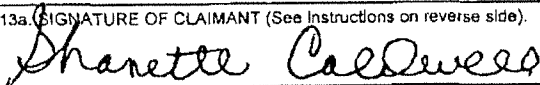
This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. **Principal Purpose:** The information requested is to be used in evaluating claims.
C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.
D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 8 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Tort Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addressees.

CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency: United States Postal Service			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code. Shanette Caldwell, 2 Hawthorne Avenue, Park Forest, IL 60466		
3. TYPE OF EMPLOYMENT	4. DATE OF BIRTH	5. MARITAL STATUS	6. DATE AND DAY OF ACCIDENT	7. TIME (A.M. OR P.M.)	
<input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	10/15/1973	Married	3/13/2019	1:02 pm	
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).					
On 3/13/2019 around approximately 1:02 pm in University Park, Will County, Illinois, Tommie Nunn Jr. was driving his 2011 Jeep Compass with passengers; Shanette Caldwell Desiree Caldwell and Anshay Caldwell in the car. Nunn, Jr. was driving eastbound on Abbot near Barrington Ct. when he was involved in a motor vehicle accident with Diamond T. Jones who was presently acting in the scope of her employment, working in her capacity as a US postal office delivery worker for the Park Forest, IL USPS Department. Jones was then currently driving her US post office workers vehicle.					
9. PROPERTY DAMAGE					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).					
2011 Jeep Compass, VIN: 1J4NT1FA6BD224432, Extensive Vehicle damage. Vehicle Repair Estimate: \$2,020.47. At home address					
10. PERSONAL INJURY/WRONGFUL DEATH					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.					
Soft tissue injuries, see medical records for further info					
11. WITNESSES					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Desiree Caldwell		2 Hawthorne Avenue, Park Forest, IL 60466			
Anshay Caldwell		2 Hawthorne Avenue, Park Forest, IL 60466			
Tommie Nunn Jr.		2 Hawthorne Avenue, Park Forest, IL 60466			
12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)					
12a. PROPERTY DAMAGE	12b. PERSONAL INJURY	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights).		
\$2,020.47	\$10,000.00		\$12,020.47		
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).		13b. PHONE NUMBER OF PERSON SIGNING FORM	14. DATE OF SIGNATURE		
		708-275-9703	9/10/19		
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM		CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS			
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).		Fine, Imprisonment, or both. (See 18 U.S.C. 287, 1001.)			

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In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☒ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☒ No 17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

INSTRUCTIONS

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If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

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The amount claimed should be substantiated by competent evidence as follows:

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(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

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(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

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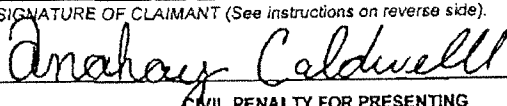
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3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH 01/10/1996	5. MARITAL STATUS Married	6. DATE AND DAY OF ACCIDENT 3/13/2019	
7. TIME (A.M. OR P.M.) 1:02 pm					
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13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). 			13b. PHONE NUMBER OF PERSON SIGNING FORM 313-953-7953		14. DATE OF SIGNATURE 9/10/19
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(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

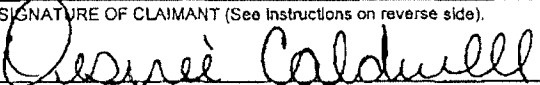
B. **Principal Purpose:** The information requested is to be used in evaluating claims.

C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.

D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency: United States Postal Service			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code. Desiree Caldwell, 2 Hawthorne Avenue, Park Forest, IL 60466		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH 01/28/1991	5. MARITAL STATUS Married	6. DATE AND DAY OF ACCIDENT 3/13/2019	7. TIME (A.M. OR P.M.) 1:02 pm	
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary). On 3/13/2019 around approximately 1:02 pm in University Park, Will County, Illinois, Tommie Nunn Jr. was driving his 2011 Jeep Compass with passengers; Shanette Caldwell Desiree Caldwell and Anshay Caldwell in the car. Nunn, Jr. was driving eastbound on Abbot near Barrington Ct. when he was involved in a motor vehicle accident with Diamond T. Jones who was presently acting in the scope of her employment, working in her capacity as a US postal office delivery worker for the Park Forest, IL USPS Department. Jones was then currently driving her US post office workers vehicle.					
9. PROPERTY DAMAGE					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).					
10. PERSONAL INJURY/WRONGFUL DEATH					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT. Soft tissue injuries, see medical records for further info					
11. WITNESSES					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Shanette Caldwell		2 Hawthorne Avenue, Park Forest, IL 60466			
Anshay Caldwell		2 Hawthorne Avenue, Park Forest, IL 60466			
Tommie Nunn Jr.		2 Hawthorne Avenue, Park Forest, IL 60466			
12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)					
12a. PROPERTY DAMAGE	12b. PERSONAL INJURY \$10,000	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights). \$10,000		
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). 			13b. PHONE NUMBER OF PERSON SIGNING FORM 708-495-0729	14. DATE OF SIGNATURE 9/10/19	
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☒ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☒ No 17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

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